

York County Office
100 County Drive
PO Box 532
Yorktown, Virginia 23690-0532
(757) 890-4940 FAX (757) 890-4033
e-mail ex199@vt.edu
Web Site: www.yorkcounty.gov/vce



2005 York County 4-H Camp Counselor Application
(Please fill out completely)



I wish to apply for (check one or both): [☐] Counselor-In-Training (13 as of Jan 1, 05)
[☐] Teen Counselor (14 as of Jan 1, 05)

Name _____ Birth Date _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Telephone # _____ Age _____ Sex _____
(best phone number to reach you)

Have you ever been a 4-H member? _____ If so, how many years? _____

Education and Experience

Name of School _____ Grade _____

List your memberships in clubs and organizations: _____

List your leadership experience: _____

List your volunteer and/or paid work experience:

Position	Employer Name, Address, and Phone #	Dates

List your hobbies or special skills_____

Describe any experiences that you have had working with children._____

Why would you like to serve as a Camp Counselor? Why would you be successful?

If you have been to camp before, describe what you liked **most** about your experiences, and why.

References: (Please provide **complete** mailing address. Do not list parents or other family members as references).

1. Education/Employment

(teacher, guidance counselor, employer, etc.)

name

phone

address

city

state

zip

2. Adult Leader

(such as club advisor, coach, etc.)

name

phone

address

city

state

zip

3. Personal

(family friend, pastor, etc.)

name

phone

address

city

state

zip

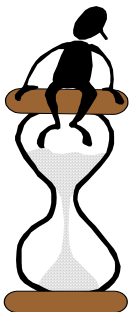
Signature



RETURN THIS FORM TO:

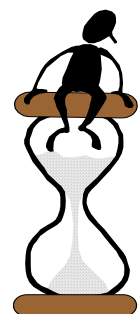
**York Camp Counselor Program
York Extension Office
P.O. Box 532
Yorktown, VA 23690-0532**

APPLICATIONS DUE BY March 4, 2005



*If you are a person with a disability and desire assistance or accommodation,
please notify the York County Extension office at 890-4940 by February 21, 2005.
Office hours are weekdays between 8:15 a.m. and 5:00 p.m.*

If you have any questions, please call 890-4940.



For Teen Counselor Applicants Only

Qualifications: Please check current certifications held. Attach photocopy of card. These are **not** required!

Advanced Lifesaving _____
First Aid _____
Canoeing _____
CPR _____

Water Safety Instructor _____
Advanced First Aid _____
Archery _____

*Would you like to be considered for BIG CHIEF? **Y** **N**

(You must be a returning counselor or have other camp counseling experience)

n

*Why should you be selected as BIG CHIEF?

*Would you like to be considered for CIT COORDINATOR? **Y** **N**

(You must be a returning counselor or have other camp counseling experience)

*Why should you be selected as CIT COORDINATOR?

*Would you like to be considered for HEAD COUNSELOR of a cabin or tribe? **Y** **N**

<p><u>Remember:</u> Camp is August 1 -5 and you must attend the training on June 4 to be a counselor. Please mark those dates on your calendar!</p>
